PATENT APPLICATION FEE DETERMINATION RECOI								RD 9/83704/					
			tive Octo						9/8	3.	704,		
		CLAIMS A	S FILED (Cotum			(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
T	OTAL CLAIMS	38				Г	RATE	FEE	1	RATE	FEE		
F)A	NUMBER FILED		NUMBER EXTRA		84	SIC FEI	355.00	OR	BASIC FEE	710.00		
T	OTAL CHARGE	38° minus 20=		· 18			X\$ 9=		OR	X\$18=	324		
INI	DEPENDENT C	4 minus 3 =		• /			X40=		OR	X80=	80		
M	JLTIPLE DEPE	RESENT						┼──			00		
* If the difference in column 1 is less than zero, enter *0" in column 2							L	135=	ļ	OR		100	
10/12/04 CLAIMS AS AMENDED .					- 10			OTAL	L	OR	TOTAL	1114	
l	opely.	(Column 1)	(Column 2) (Column 3)				s	MALL	ENTITY	OR	OTHER		
ENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BEA OUSLY	PRESENT EXTRA	Ţ,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Mines	10		3	5	C\$ 9=		OR	X\$18=		
H	Independent	\cdot	Mistes	64.	<u>~~</u>		7	(40 =		OR	X80=		
Ц	HAST PHEST	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		ı.	135=		OR	+270=		
							L	TOTAL		00	TOTAL	-	
		(Column 1)		(Colur	nn 2)	(Column 3)	ADC	AT. FEE		JON	ADDIT, FEE		
AMENDMENT B		CLAIMS REMAINING		HIGH	EST	PRESENT			ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO PAID	DUSLY	EXTRA	F	ATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	.16	Minus	- 39	8	-)	X	\$ 9-	1	OR	X\$18=		
	Independent	· 2	Minus	••• (= /=	Ì	40=		OB	X80=	_/_	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=	/	
							Ľ	YOYAL	l L		TOTAL		
		(Column 1)		(Colun	21	(Oak 0)	ADD	IT. FEE		OR	ADDIT. FEE		
U		CLAIMS		HIGH	ST				4001				
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID I	YJZUK	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus ·	••		=	X	3 9=		OR-	X\$18=		
AME	Independent	•	Minus	***			x	40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	X002		
٠,	" If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									OR	+270=		
400	"If the Tightest Number Proviously Paid For' IN THIS SPACE is less than 20, enter 20." ""If the Tightest Number Proviously Paid For' IN THIS SPACE is less than 3, enter 20."										TOTAL ADDIT. FEE		
•	The Highest Nur	ther Previously Pai	d For (Total o	r Independe	ini) is the	highest number	tound is	the app	ropriate bo	i en cot	μπι n 1 ,		